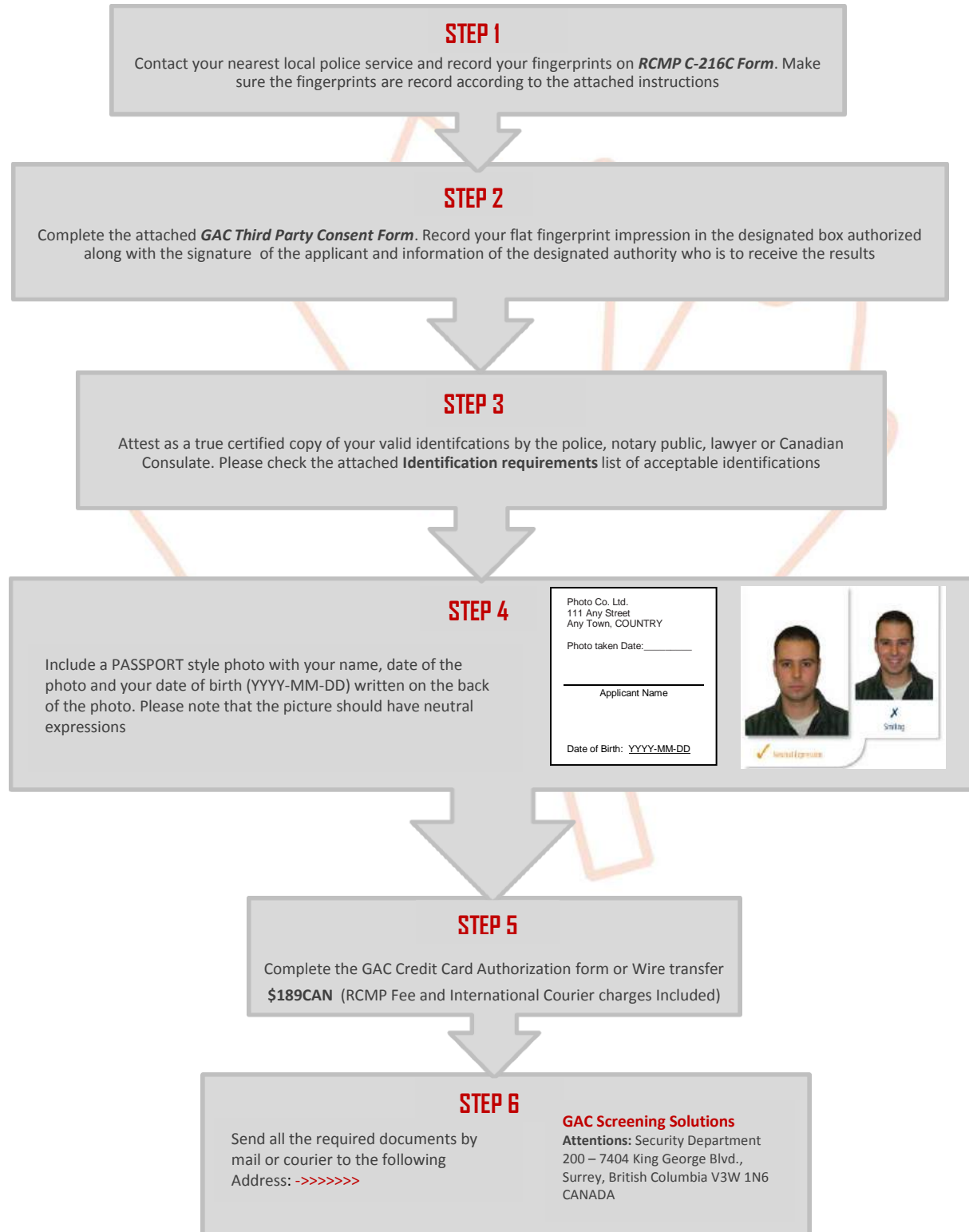
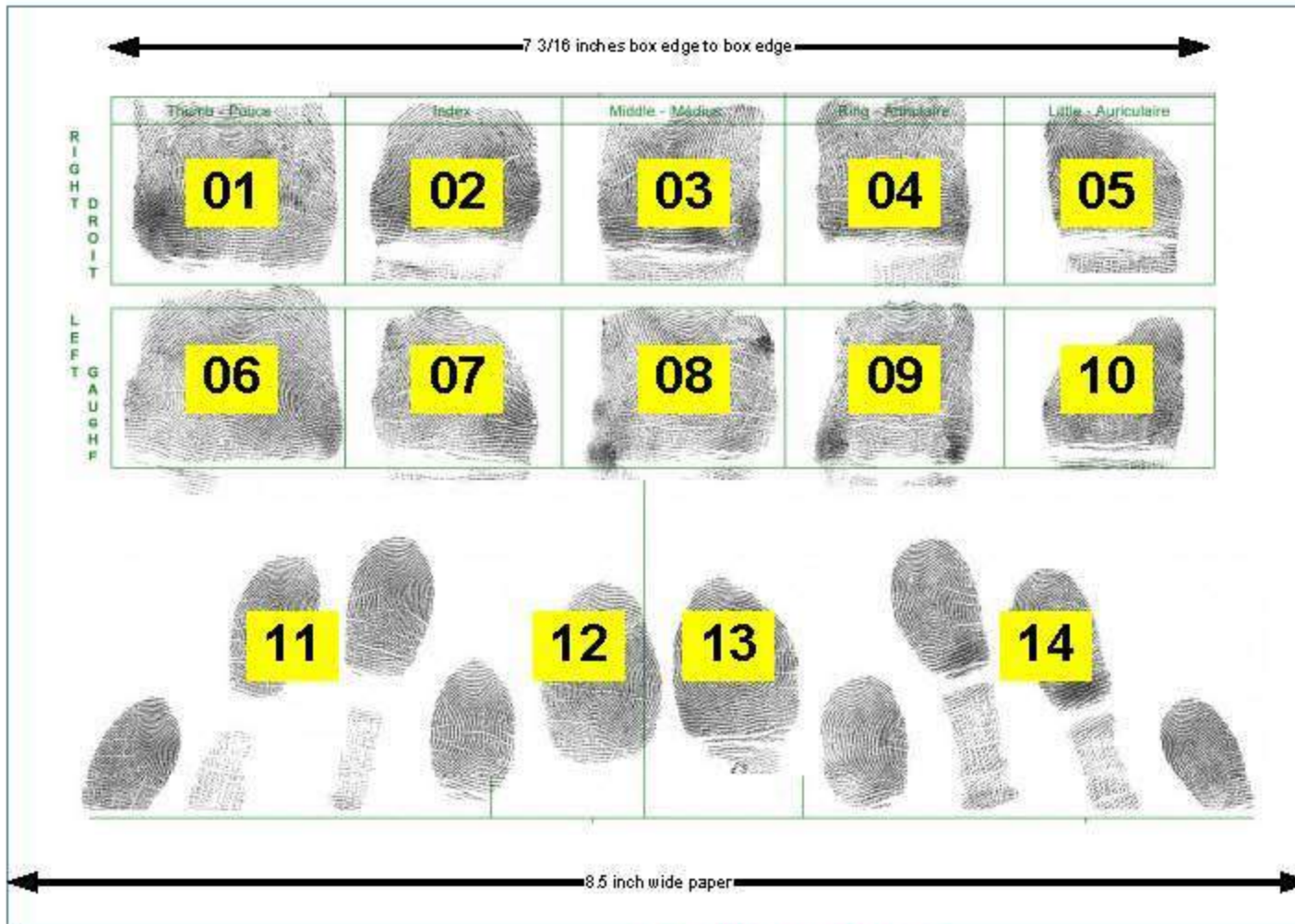


STEPS FOR APPLICANTS LIVING ABROAD



Note: Incomplete documentation and/or method of payment will delay the processing of your application. The documents will be sent electronically to RCMP the day we will receive the documents.

C216C FINGERPRINT POSITION MAP



- 01 – RIGHT THUMB ROLL
- 02 – RIGHT INDEX ROLL
- 03 – RIGHT MIDDLE ROLL
- 04 – RIGHT RING ROLL
- 05 – RIGHT LITTLE ROLL
- 06 – LEFT THUMB ROLL
- 07 – LEFT INDEX ROLL
- 08 – LEFT MIDDLE ROLL
- 09 – LEFT RING ROLL
- 10 – LEFT LITTLE ROLL
- 11 – LEFT SLAP FINGERS
- 12 – LEFT SLAP THUMB
- 13 – RIGHT SLAP THUMB
- 14 – RIGHT SLAP FINGERS

IMPORTANT NOTE PLEASE READ

The fingerprint area on the RCMP GRC C-216C (200712) DRAFT fingerprint form should be filled with flat and rolled fingerprint impressions as per the diagram above. It is important that the fingerprint form be printed on 8.5 inch wide by 14 inch long page (216 x 356 mm). Printed correctly the rolled fingerprint boxes will be 7 3/16 inches wide from left most box edge to right most box edge as shown above. It is very difficult to convert fingerprint cards to electronic submissions if the fingerprint area is smaller than that shown above.

TO
 The Director, CCRT
 Identification Services
 RCMP HQ, NPS Bldg.
 1200 Vanier Parkway
 Ottawa ON K1A 0R2

FINGERPRINT IDENTIFICATION

IDENTIFICATION DACTYLOSCOPIQUE

FOR IDENTIFICATION PURPOSES ONLY - AUX FINS DE L'IDENTIFICATION SEULEMENT

TCN - NCT	AFIS - SAID	BAR CODE - BARRE-CODE
-----------	-------------	-----------------------

Thumb - Pouce	Index	Middle - Médius	Ring - Annulaire	Little - Auriculaire

R
I
G
H
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D
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T

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L
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E

Signature of person fingerprinted Signature de la personne dactyloscopiée	Signature of official taking fingerprints Signature du préposé aux empreintes	Date Fingerprinted Date d'empreintes Y - A M D - J
--	--	--

PERSON FINGERPRINTED - PERSONNE DACTYLOSCOPIÉE			
Surname - Nom de famille	Given Name 1 - Prénom 1	Given Name 2 - Prénom 2	Other Given Names - Autres prénoms

Maiden name, former surname(s) - Nom de jeune fille, nom(s) de famille antérieur(s)

Date of Birth - Date de naiss. Y - A M D - J	Gender - Genre <input type="checkbox"/> Male Homme <input type="checkbox"/> Female Femme	Telephone No - N° de téléphone	Language of Result - Langue des résultats
---	---	--------------------------------	---

Apartment / Unit # - Street Address - No d'app./d'unité - adresse municipale	City - Ville	Province	Postal code - Code postal
--	--------------	----------	---------------------------

Reason for application (MUST BE COMPLETED) - Raison de la demande (DOIT ÊTRE REMPLI)		
<input type="checkbox"/> Visa/Waiver Visa/désistement <input type="checkbox"/> Canadian Citizenship Citoyenneté canadienne <input type="checkbox"/> Immigration to Canada (LIS) Immigration au Canada (SIR)	<input type="checkbox"/> Pardon Application Demande de réhabilitation <input type="checkbox"/> Adoption Adoption <input type="checkbox"/> Privacy Act Loi sur la protection des renseignements personnels	<input type="checkbox"/> Employment (specify) Emploi (préciser) _____ <input type="checkbox"/> Volunteer (specify) Bénévolat (préciser) _____ <input type="checkbox"/> Other (specify) Autre (préciser) _____

Reference Number - Numéro de référence	<input type="checkbox"/> Vulnerable Sector (attach consent Form) Secteur sensible (joindre la formule de consentement)
--	---

Fingerprinting Agency / Department Service ou organisme prenant les empreintes	Return Result to (Name and Address of Authorized Agency) Envoyer les résultats à (nom et adresse de l'organisme agréé)
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NOTE: The provisions of the Code of Fair Information Practices established by sections 4 to 8 of the Privacy Act apply. This information is retained in PIB CMP/PU-030.

NOTA: Les dispositions du Code de pratiques équitables en matière des renseignements établies par les articles 4 à 8 de la Loi sur la protection des renseignements personnels s'appliquent. Ces renseignements sont conservés dans le FRP GRC/P-PU-030.

Third Party Consent Form

Consent to Release Personal Information

The Commissioner, R.C.M.P.
 1200 Vanier Parkway
 Ottawa, Ontario K1A 0R2
 Attn: Information & Identification
 Civil Section

Authorization for RCMP to disclose the results of Criminal Record Check

I, _____, Born (YYYY-MM-DD) _____ hereby give consent to the Royal Canadian Mounted Police to disclose the results of a search of my fingerprints against the national Repository of criminal records in Canada to:

Name of Individual/agency	
Address	
City	
Province	
Postal Code	
Country	
Application type	

I understand that giving this consent allows the results to be sent to the third party indicated above and have provided an impression of one of my fingers as proof that I have read and signed this agreement. **Refusal to consent to disclosure of this information to the above person or company will not have any negative consequences on my request.**

 Applicant's Signature

 Date (YYYY-MM-DD)

Hair Color	
Eye Color	
Height	
Weight	

**Applicant's Fingerprint
"Flat Impression"**

Right	
Thumb	
Index	
Middle	
Ring	
little	
Left	
Thumb	
Index	
Middle	
Ring	
little	

**Digit Printed
(Please "X")**

REQUIRED IDENTIFICATIONS

At least one of the following Primary pieces of identification must be provided, along with a Secondary I.D. that includes a signature

Acceptable Photo Identifications

- ✓ Driver's License (issued by Canadian province or territory)
- ✓ Foreign Driver's License
- ✓ Canadian Passport
- ✓ Foreign Passport
- ✓ Canadian Citizenship Card
- ✓ Permanent Resident (PR) Card
- ✓ Certificate of Indian Status
- ✓ Student identity Card from a foreign institute
- ✓ Firearms Acquisition Certificate (FAC)
- ✓ Canadian National Institute of the Blind (CNIB) Identification Card
- ✓ Federal, Provincial or Municipal Identification Card
- ✓ Military Family Identification Card (MFID)

Note: Health Cards (issued by Canadian Provinces or Territory) and Social Insurance Number (SIN) card are not acceptable as a Primary piece of identification but may be submitted as a secondary piece of identification



200 – 7404 King George Blvd.,
 Surrey, BC V3W 1N6
 604.501.0800
 604.501.0848

PAYMENT FORM

Option 1: Credit Card Information

CREDIT CARD INFORMATION		
Applicant Name:		
Credit Card Holder Name:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		
Credit Card Number:	Expiration Date:	
Payment Amount (Canadian Dollars):		
<i>I, as the Credit Card holder, authorize Global Avenues Consulting Inc. to charge my credit card number of amount indicated above</i>		Date:
Signature:		
CREDIT CARD BILLING ADDRESS		
Street Address:		
City:		
Province/State:	Zip/Postal Code:	Country:
Phone Number:	Email:	

Option 2: Wire Transfer Information

Beneficiary Name	Global Avenues Consulting Inc.
Account Number	003-1029123
Transit	05220
Swift Code	ROYCCAT2
Address	Royal Bank of Canada 13681-72 nd Avenue Surrey, British Columbia V3W 2P2 Canada

*** For Office Use Only ***

<input type="checkbox"/> Approved	Approval Code _____
<input type="checkbox"/> Declined	

NO CHARGE BACKS OR REFUNDS
 ALL SALES FINAL

DOCUMENTS CHECKLIST

Send the following documents with your request. Check each box once you enclose the item.

Failure to provide a fully completed request and the necessary documents will result in delay to process the request.

- Full sets of original fingerprint form *(both rolled and flat impressions of all ten fingers)*
- Signature and mailing address of authorized authority or police service
- Original certified copies of Two Identifications
- Reason for application
- One Passport size photo
- Original signed GAC third party consent form with Flat impression in the box
- Original signed payment option form

Mail your fully completed request and all required documents to:

GAC SCREENING SOLUTIONS
Attention to: Security Department
200 – 7404 King George Blvd.,
Surrey, BC V3W 1N6
CANADA

(Include this completed *Document Checklist* with your request package)